



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State

Barbara Cegavske

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Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes

1/11/2016

#2516

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Red Zone

Telephone:

702-410-6645

Mailing Address:

10000 W. Charleston Blvd., Suite 100

Las Vegas

Street Name, Number

City

NV

89135

State

Zip Code

PAC Active Email Address: catly@andersonfornevada.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

Train, recruit, support and elect candidates.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

D. Paul Anderson

Telephone:

702-234-1233

Physical Address:

6180 Loyal Royal Ct.

Las Vegas

Street Name, Number

City

NV

89131

State

Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Date:

Signature of Registered Agent



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

D. Paul Anderson - Agent

702-410-6645

Mailing Address:

10000 W. Charleston Blvd., Suite 100

Las Vegas

NV 89135

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

Printed Name:

Date:

Telephone:

X

Signature of Representative of Group

EL-400

Revised: 11-5-15